

FORM 3
[See rule 8]

Certificate Of Registration ART Clinic (Level 1/Level 2) ART Bank (To be issued in duplicate)

Certificate No. ART BANK- 12/2024

- (1) In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, The Appropriate Authority **DISTRICT MAGISTRATE GWALIOR, (M.P.)** hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of **15/07/2024** ending on **14/07/2029**

- (a) Name and address of the ART Clinic:- **NA**
(b) Type of institution (Govt. /Private):- **NA**
(c) Type of facility: Level 1 / Level 2:- **NA**
OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of **15/07/2024** Ending of **14/07/2029**

- (a) Name and address of the ART Bank **EIXIR FERTILITY BANK, DAL BAZAR TIRAHA LASHKAR, NEAR CANARA BANK, GWALIOR (M.P.)**
(b) Type of institution (Govt./Private) **PRIVATE**
(2) This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.
(3) Registration No. allotted:- **MP/GWL/ ART Bank/ No. 12/2024**
(4) For renewed Certificate of Registration only:
Period of validity of earlier Certificat of Registration From- **NA**.....

Signature, Name and Designation of the
Appropriate Authority
(रुचिका चौहान)
SEAL्टर
जिला ग्वालियर (म.प्र.)

Date:- **15/07/2024**

Place:- **GWALIOR**

Display one copy of this certificate at a conspicuous place at the place of business
* Strike out whichever is not applicable or necessary